

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **LOST/MISSING CONTROLLED DRUG**  
**PHARMACY REPORTING FORM**

REFERENCE NO. 702.5

1. Provider Agency \_\_\_\_\_ Unit number \_\_\_\_\_

2. Request for replacement of (circle one) **MISSING/LOST** drug(s):

**A letter approving replacement of the missing/lost drug from the EMS Agency must accompany this form in addition to a police report.**

Drug	# of syringes or equivalent	Strength	Total
Fentanyl			mcg
Midazolam			mg
Morphine Sulfate			mg

3. Date and time narcotic and/or inventory form loss was discovered: \_\_/\_\_/\_\_ @ \_\_:\_\_

4. Print name and title of individual(s) who discovered the narcotic or inventory form loss:

\_\_\_\_\_  
\_\_\_\_\_

5. If missing, provide a brief description of the incident: \_\_\_\_\_

\_\_\_\_\_

6. Print name/title of person completing this form \_\_\_\_\_

Signature \_\_\_\_\_ Date completed: \_\_/\_\_/\_\_

7. Paramedic Coordinator's signature \_\_\_\_\_

8. EMS Agency representative signature \_\_\_\_\_

FOR PHARMACY USE ONLY

Replaced:              Fentanyl              # of syringes or equivalent: \_\_\_\_\_              Total mcg: \_\_\_\_\_  
                                 Midazolam              # of syringes or equivalent: \_\_\_\_\_              Total mg: \_\_\_\_\_  
                                 Morphine Sulfate              # of syringes or equivalent: \_\_\_\_\_              Total mg: \_\_\_\_\_

Pharmacist: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lost narcotic number: \_\_\_\_\_